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SUPERIORITY OF THE NEW ACC / AHA 2013 RISK SCORE OVER THE TRADITIONAL FRAMINGHAM SCORE IN PREDICTING MORTALITY IN A HEALTHY POPULATION IN CHILE

Moderated Poster Contributions

Prevention Moderated Poster Theater, Poster Hall B1

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Authors: *Monica Acevedo, Veronica Kramer, Giovanna Valentino, Lorena Orellana, Maria Jose Bustamante, Marcela Adasme, Alejandra Salazar, Carlos Navarrete, Pontificia Universidad Católica de Chile, Santiago, Chile, Universidad de la Serena, La Serena, Chile*

The determination of cardiovascular (CV) risk has been traditionally based on global Framingham risk score (FRAM). ACC and AHA have proposed a new risk calculator which is based on studies that included different ethnic populations.

Background: To compare the new risk score (ACC/AHA 2013) with FRAM as predictors of all-cause mortality in a primary prevention population in Chile.

Methods: 4057 subjects (36% female, age = 52 ± 13 years) with no history of atherosclerotic disease, followed between 2002 and 2014. In all the subjects we calculated ACC/AHA 2013 and FRAM scores based on available data. We assessed all-cause mortality in July 2014, with a median follow up of 7 ± 3 years. Mortality risk prediction models were calculated and ROC curves were built.

Results: Mean FRAM was 7% and ACC/AHA 2013, 5%. During follow-up, 66 deaths were reported. The deceased were older and had higher BP, waist circumference and blood glucose ($p < 0.01$ for all). Mean FRAM among the deceased versus the survivors was 9% and 7%, respectively ($p = 0.06$) and 17% and 5% for ACC/AHA 2013, respectively ($p < 0.0001$). ACC/AHA 2013 was a better predictor of mortality than FRAM [$C = 0.7$ (95% CI 0.65-0.75) versus $C = 0.56$ (95% CI 0.5-0.62)] (figure).

Conclusion: This study demonstrates superiority of the new ACC/AHA 2013 score above the traditional FRAM score in predicting mortality in a Chilean low-risk population. These results show that the new score may become a better tool than FRAM for assessing mortality risk in our population.

